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## STATE OF IDAHO

Department of Agriculture P.O. Box 790, Boise, Idaho 83701 or P.O. Box 401, Twin Falls, Idaho 83301

## APPLICATION FOR INDIVIDUAL FIELD INSPECTION

Company			Date Submitted	Date Submitted	
Crop Type Variety Seed Lot No		Area Grown	County		
		Acres	Number of Fields		
			Method of Irrigation		
Grower and Owner _					
		BEANS and MINT			
Parent Seed Lot No.			Pooling Insurance:	Yes No	
Parent Planting Certificate No			Serologically Tested:	Yes No	
Location of Field Fro	m Town				
FIELD LOCATION N	IAP: Give exact location of	f field or fields from hous	se, roads or other identifying lar	ndmarks.	
N A			Additional Diseases (Commo	n Name/Scientific Name):	
w		E			
	S				
INSPECTIONS: Field:	Date		Inspector		
Tiola.		Date			
Windrow/Digging:					
		Date			
Signature of Applicant		Date			
Comments:					
			Accepted/Rejected	Initials	